

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER Jewel Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 535 North 17th Street Allentown, PA 18104	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETES HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations during an environmental tour, it was determined that the facility failed to maintain a clean and sanitary environment for residents and staff on one of three nursing units. (Second Floor) Findings include: During an environmental tour of the second floor nursing unit on August 4, 2025, from 10:01 a.m. until 10:31 a.m., the following was observed: room [ROOM NUMBER], a heavy and pervasive odor of urine was present in the residents' shared bathroom. room [ROOM NUMBER], an odor of stool and urine in a toilet bowl that had not been flushed for a period of time was observed; the toilet seat was soiled. room [ROOM NUMBER], there was a strong odor of stool and urine in the shared bathroom and soiled clothing and bathing items were stored on the floor. room [ROOM NUMBER], there was a strong urine odor in the shared bathroom. room [ROOM NUMBER], there was a strong urine odor at the entrance to the resident room and near the resident beds. room [ROOM NUMBER], there was a urine odor throughout the resident room. The floor of the hallway on the second floor nursing unit and the common area was dusty, stained, and in need of cleaning. 28 Pa. Code 201.18(e)(2.1) Management.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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